PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

8/093050

CLAIMS AS FILED - PART I (Column 1)						<u>ımn 2)</u>		SMALL ENTITY TYPE		OR	OTHER THAN SMALL ENTITY	
TC	OTAL CLAIMS		17		l		. [RATE	FEE]	RATE	FEE
FC)R		NUMBER FILED .		NUMBER EXTRA			BASIC FEE	385.00	OR	BASIC FEE	770.00
тс	TAL CHARGEA	ABLE CLAIMS	/) minus 20=		• 0			X\$ 9=		OR	X\$18=	0
INC	DEPENDENT CI	LAIMS	5 minus 3 =		<u> </u>	2		X43=		OR	X86=	172
MULTIPLE DEPENDENT CLAIM PRESENT								+145=		OR	+290=	0
* If the difference in column 1 is less than zero, en					"0" in c	olumn 2	L	TOTAL		OR	TOTAL	942
	С	CLAIMS AS A	MENDED	NDED - PART II (Column 2) (Colum				SMALL E	ENTITY	OR	OTHER SMALL	THAN
ENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVICE PAID I	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MU	JLTIPLE DEP	PENDENT	CLAIM		! 	+145=		OR	+290=	
								TOTAL			TOTAL ADDIT. FEE	
		(Column 1)	~	DDIT. FEE		, ,	ADDII. I LL .					
ENT B		CLAIMS REMAINING AFTER AMENDMENT		(Colun HIGHI NUME PREVIC PAID F	EST BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
MON	Total	*	Minus	**	· ·	=		,X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*	Minus	***	- C1 A INA	=		X43=		OR	X86=	
	FIRST PRESE	ENTATION OF MU	JETIPLE DEP	ENDEN	CLAIM		' [+145=		OR	+290=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum	nn 2)	(Column 3)	_	DD11. 1 CE =			700m	
ENT C	`	CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	EST BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
WE	Independent	*	Minus	***		=		X43=		OR	X86=	
٢	FIRST PRESENTATION OF MULTIPLE DEPENDENT CI						╏┝				.000-	_ -
* If the ntry in column 1 is less than the entry in column 2, write "0" in column 3.								+145=		OR	+290=	
**	If the "Highest Nur If the "Highest Nur	. AI	TOTAL DDIT. FEE	<u> </u>	OR ,	TOTAL ADDIT. FEE						
		nber Previously Paid					er foun	d in the app	ropriate box	in col	umn 1.	